

**CITY OF GARDNER
COMMUNITY DEVELOPMENT BLOCK GRANT
HOUSING REHABILITATION PROGRAM APPLICATION**

Owner(s): _____

Address: Street: _____

City/Town _____ Zip _____

Mailing Address: _____
(if different
from above) _____

Phone: Home: _____

Business: _____

Place of Employment: _____

Address: _____

*****If you owe the City Water or Tax Bills your application will be denied.*****

**PLEASE SUBMIT THE FOLLOWING INFORMATION WITH YOUR COMPLETED
APPLICATION:**

- Copy of most recent tax return
- Copy of paid tax and water bill
- Copy of house insurance certificate
- Copy of deed to the property
- Copy of pay stubs from the previous eight (8) weeks or Annual Benefits Statement
- Copy of tenant rent checks or receipts for previous three months or copy of current lease (if property has rental units)

Do Not Write Below This Line.

For Office Use Only

Application Rec'd By: _____ **Case No. :** _____ **Date:** _____ **Total Units:** _____

Female Head of Household: _____ **Elderly:** _____ **Minority:** _____

Applicant Data: List ALL persons living in the household.

	Household Member Name	Age	Handicapped (Y/N)	Minority (Specify)
1				
2				
3				
4				
5				

(Use Additional Paper If Necessary)

Income:

For each person living in the household, related to you or not, list the total income received during the past 12 months. All information will be independently verified.

Wage Earner 1

Name: _____

Social Security
Number: _____

\$ _____	Yearly Wage or Salary
\$ _____	Social Security
\$ _____	Pension / Annuity / Retirement
\$ _____	Welfare
\$ _____	Unemployment Benefits
\$ _____	Workers Comp.
\$ _____	Disability
\$ _____	Veterans Benefits
\$ _____	Rental Income
\$ _____	Bank Interest
\$ _____	Other (explain)

Wage Earner 2

Name: _____

Social Security
Number: _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

(Use Additional Sheets If Necessary)

LIABILITIES: (List any amounts owed on Loans or Credit Cards.)

Creditor #1: _____

Creditor #1: _____

Address: _____

Address: _____

Balance : _____

Balance: _____

Monthly Payment: _____

Monthly Payment: _____

Payment Behind?: _____

Payments Behind? _____

Account #: _____

Account #: _____

(Use Additional Sheets If Necessary)

Expenses:

Mortgage (principle & interest) \$ _____ x 12 = \$ _____

Real Estate Taxes for 1 year \$ _____

House Insurance for 1 year \$ _____

Water/Sewer for 1 year \$ _____

Date property was purchased: _____ (MM/DD/YR)

Original Mortgage Amount: \$ _____

Remaining balance: \$ _____

Is Mortgage Paid To Date? Yes No (Circle one)

If no, # of Payments Behind: _____ = \$ _____ **Explain:**

Name, Address, and Telephone # of Mortgage Company. _____

Additional Mortgages: Yes No **If Yes, balance of 2nd mortgage:** \$ _____

Name, Address, and Telephone # of 2nd Mortgage Company: _____

Date House Was Constructed: _____

Have you filed a Homestead? Yes No (if yes please include copy)

Is the Property Insured?: Yes No

To your knowledge is there lead paint on your property? Yes No (Circle one)

If yes, explain?

To your knowledge is there any asbestos on your property? Yes No (Circle one)

If yes, explain:

Do you owe any property taxes? Yes No (Circle one)

If yes, explain:

Are there any municipal (water or tax) liens on your property? Yes No (Circle one)

If yes, explain: _____

Proposed Rehabilitation:

Check items for which requested financial assistance will be used. Please note that all code and health violations on the property must be addressed.

_____ Asbestos Removal	_____ Plumbing
_____ Chimney	_____ Porches / Steps
_____ Electrical	_____ Wall, Ceilings, Floors
_____ Energy Conservation	_____ Roof
_____ Foundation	_____ Septic
_____ Heating / Furnace	_____ Siding
_____ Insulation	_____ Water / Well
_____ Lead Removal	_____ Windows
_____ Painting (exterior)	_____ Other (explain below)

A Housing Rehab. Inspector must survey the property and approve work to be completed. City code officers will inspect the property to insure compliance in all areas.

The following 2 pages are for landlords only

For each apartment slated for rehab, furnish the name, number of occupants, apartment number, and telephone number of resident and if the tenants are elderly, disabled or handicapped. The listed tenants must complete the Tenant Supplemental Forms to determine their eligibility under Section 8 guidelines. All information will be independently verified.

	Tenant(s) Name	Apt #	# of Occupants	Phone #	Elderly, Disabled, Handicapped
1					
2					
3					
4					
5					

(Use Additional Sheets If Necessary)

Property Data: Provide information for all apartments.

	Apartment 1	Apartment 2	Apartment 3	Apartment 4	Apartment 5
# of Rooms					
# of Bedrooms					
Subsidized (Y/N)					
Present Rent					
Child under 6 (Y/N)					
Occupied (O) or Vacant (V)					
Utilities Included (list)					

(Use Additional Sheets If Necessary)

List all rental income received from the property for the last 12 months.

	Apartment 1	Apartment 2	Apartment 3	Apartment 4	Apartment 5
Total rent collected in past 12 months					

(Use Additional Sheets if Necessary)

If the rent on any unit has changed in the last 18 months, list changes below:

Unit #	Old Rent	New Rent	Term of Rent

(Use Additional Sheets if Necessary)

If you evicted a tenant within the last 12 months explain:

*** Note: Falsification of any information provided on this application will result in cancellation of all grant/loan payments already awarded in this program.

**LOAN CONDITIONS
HOUSING REHABILITATION PROGRAM**

A. Contract Rehabilitation:

The applicant agrees to repay the City of Gardner according to terms as indicated in Attachment A should title to the property be transferred or sold within a period of fifteen (15) years from the date of final disbursement from the City for the loan.

B. Landlords who qualify for a Deferred Loan agree to the following:

- Not to displace existing tenants as a result of rehabilitation
- To rent, or continue to rent, to limited income tenants (within HUD income guidelines) for a period of fifteen (15) years after completion of the rehabilitation work and to provide evidence of compliance upon request.
- To comply with the terms of the rental agreement regarding rental increases allowable.

C. Non-Discrimination:

The owner will utilize the proceeds of the Deferred Loan in compliance with all requirements imposed by, or pursuant to, regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964. The owner will also certify not to discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with the assistance of the loan.

D. Application Selection:

Applications will be processed on a first-come, first-served basis. Only complete applications, which have all requested documentation, will be processed. The program may, if necessary, establish a priority ranking system based on need to determine the order in which applications are approved. Such a system will be defined in writing, and be included as an amendment to this document. All loans are contingent upon continued funding.

E. Lead Paint:

- The City of Gardner will process your application for the housing improvement program based on your willingness to comply with the Massachusetts Lead Poisoning Prevention and Control Law.
- The Department of Community Development & Planning will have your property inspected by a State Certified Lead Inspector. If your property has been deleaded, a Certificate of Compliance will be needed before the application is processed. You will be asked to sign a temporary Promissory Note to secure the cost of your Lead test. In case you decide to drop out, this will be filed at the Registry in Worcester.
- We hereby acknowledge that the Community Development & Planning Department has advised us of the requirement of the Massachusetts Lead Poisoning Prevention and Control Law, Chapter 111, Section 190-199 inclusive of the General Law.

- We understand that the Law requires the removal of paint or other material, which contain dangerous amounts of lead from any residential premises whenever a child under six (6) years of age resides on the premises, or may reside on the premises. We understand that responsibility for compliance with this Law, if applicable, rests with the owners of the property.
- If the above referenced property may be occupied by a child or children under six (6) years of age, we agree to make the required inspections to determine whether or not undesirable levels of lead paint exist in the property and to take the necessary action to remove or cover the offending paint or other material in accordance with the law.
- We understand that the Community Development & Planning Department is relying on this agreement and we, jointly and severally agree to indemnify and hold harmless the Community Development & Planning Department, its successors and assigns, from and against, any liability, loss, damage or injury resulting from any failure on our part to comply with the agreement and Law.

F. Subordinate Agreement:

- The Community Development & Planning Department will entertain a property owners request to subordinate a program loan to new financing under the following conditions:
 - The property owner must be in compliance with their loan agreement.
 - The purpose of the new loan must be to refinance an existing senior mortgage, or to finance additional improvements to the residential property, plus reasonable closing costs, and for no other purpose (improvements may be subject to review by the program).
 - The owner may not receive cash from the transaction, nor use the proceeds to pay personal debt.

The program shall not subordinate the program loan to secure debt related to offsite property.

I certify that if approved, I shall utilize the Deferred Loan in compliance with all the preceding requirements and according to the City of Gardner Housing Rehabilitation Program Program Manual adopted January 11, 2001 (available upon request).

Owners Signature: _____ Date: _____

Owners Signature: _____ Date: _____

ATTACHMENT A

NONDISCRIMINATION AND EQUAL OPPORTUNITY CLAUSE

Owners must abide by all the following stipulations in exchange for financial assistance from the City of Gardner:

- 1. Information** **Owners will make themselves available to participate in counseling about federal housing laws and the City's affirmative marketing policies when required.**
- 2. Tenant Outreach** **The owners must advertise all vacant units in The Gardner News. The owner must guarantee not to discriminate against individuals participating in the subsidy program or individuals eligible for such programs.**
- 3. Record Keeping** **The owner will be requested to complete a questionnaire aimed at identifying racial, ethnic and gender characteristics of tenants before and after rehabilitation and future tenants as well as data for displaced households if any.**
- 4. Monitoring** **The owner must complete and submit questionnaires regarding vacancy data and affirmative action efforts. Failure to submit completed questionnaires will trigger inquiries into owner activities.**

CITY OF GARDNER

DEPARTMENT OF COMMUNITY DEVELOPMENT AND PLANNING



Case No: _____

HOUSING REHABILITATION INCOME VERIFICATION

SECTION A (To be completed by applicant)

Name: _____

Social Security No: _____

Address: _____

Date of Request: _____

Name of Employer,
AFDC, SSI, etc.: _____

Address: _____

Authorization: I hereby authorize release of information listed below.

Return Completed Form To:

CDBG Administrator
City of Gardner
Dept. of Community Development and Planning
115 Pleasant Street
Room 202
Gardner, MA 01440

Please Mark "Confidential"

x _____
Signature

SECTION B (To be completed by Employer Only)

Date Hired: _____ Full: _____ Part Time: _____ Any Overtime: _____ (Y or N)

Current Income: \$ _____ per week or
\$ _____ per month or
\$ _____ per year

Additional Compensation: Type: _____

Amount: \$ _____

Dates of Compensation: Beginning: _____

Ending: _____

Comments: _____

Verified By: _____
(Print or Type)

Signature: _____

Date: _____

NOTE: The person identified above has authorized this agency to obtain income verification for confidential use under U. S. Department of Housing and Urban Development Guidelines. Your prompt attention is appreciated.